CHARLI Discharge

| Name: | |
|-------------------------------|--|
| Gender: | |
| DOB: | |
| RWID: | |
| _ | |
| Date of Discharge From CHARLI | |
| | |
| Discharge Reason | ○ Client Request ○ Deceased ○ Incarcerated ○ Moved out of service area ○ Navigator Request ○ Program Completion ○ Transferred to another navigator ○ Unable to Contact ○ Other |
| Discharge Reason Other CHARLI | |
| Discharge Service Level | ☐ Medical Case Management ☐ Non-Medical Case Management ☐ Patient Navigator/Community Health Worker ☐ Self-Management ☐ Unknown ☐ Not Applicable |
| Discharge Housing Status | ○ Stable/Permanent○ Temporary○ Unstable○ Unknown |

